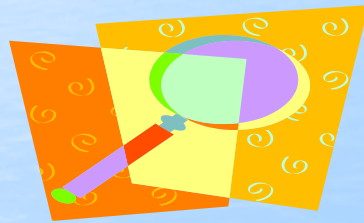


**An Assessment
Of the Various Programs and Activities
Administered and Conducted by the
DPHHS Food and Consumer Safety Section**



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Background/Limitations

The assessment was based on information provided by the FCSS:

- Hard copies of state statutes and administrative rules.
- FCSS license data from the FCSS data base.
- Responses to individual structured interviews with four FCSS staff members.
- Some limited internet research.

Assessment Findings For Each FCSS Program

- Key Requirements (Refer to the report)
- Strengths (Less emphasis in this area)
- Weaknesses or Deficiencies (Found common themes)
- Other Issues/Information Relating to Specific Statutes and Administrative Rules

Assessment Findings - Strengths



Food Regulations:

- Provide a key framework for regulating food by attempting to ensure consistency with federal standards.
- Despite being outdated and confusing, they are comprehensive.
- No known major food-related public health problems, or else has had the state/local capacity to respond appropriately.

Assessment Findings - Strengths

Swimming Pool Regulations:

- Once updated will include the basic important elements needed to protect public health.
- 2007 statute change increased license fees and allowed DPHHS to set plan review fees - a welcome change.



Public Accommodations Regulations:

- Despite being outdated, they are comprehensive, and the FCSS has not experienced known major public health problems.

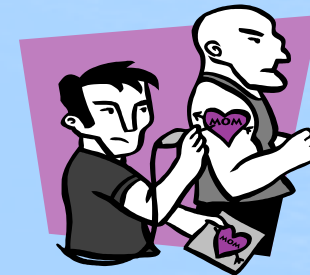
Assessment Findings - Strengths

School Regulations:

- Local health departments and school relationships are valuable when public health issues or emergencies arise.

Tattooing and Body-Piercing Program Regulations:

- Address an emerging public health issue and are current.
- The fees are set in the rule.
- Infectious waste treatment and disposal is well coordinated with DEQ.



Assessment Findings - Strengths

Adult Detention and Holding Facilities Inspection Program Regulations:

- Important for communicable disease prevention and management.
- Dept. of Corrections does a good job coordinating the requirements with various agencies.



Assessment Findings: Some Common Weaknesses or Deficiencies Across Most Programs (1 of 2 slides)

- Outdated regulations, inconsistent, confusing, errors.
- Inadequate regulations for non-public water supplies.
- Lack of cooperative agreements or specified performance requirements with local boards of health for receiving fee reimbursements for conducting inspections.
- Lack of required training for local sanitarians.
 - Inspection standardization training
 - Specific program training



Assessment Findings:
Some Common Weaknesses or Deficiencies
Across Most Programs (2 of 2 slides)

- Lack of training for local sanitarians in plan review work.
- Fees are set in statutes not rules.
- Staff capacity may be inadequate.
- FCSS data tracking system is inadequate.
 - (The Garrison System – could improve this, but it lacks buy-in.)

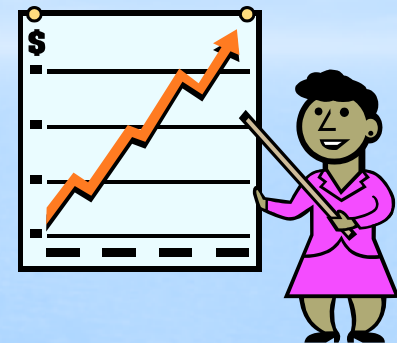
Assessment Findings: Inadequate Data Tracking System

Data gaps (historic and current; statewide and county; by program and section):

- # of licenses issued, fees paid & businesses regulated
- # of inspections conducted & repeat violations
- # of plan reviews conducted & approved
- # of legal cases, enforcement occurrences
- No data collection for some programs if not licensed
- Not specified if work conducted by counties or by state staff
- No tracking of sanitarian training/performance review

Assessment Findings: Inadequate Data Tracking System

What is affected by the lack of data?

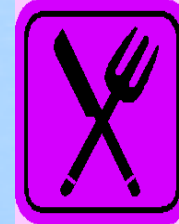


- Program planning and evaluation.
- Sanitarian training and performance tracking.
- Quality assurance at state and local levels.
- No basis for policy decisions regarding staff hiring, budgets, program additions/program cuts.

Examples of Some Specific Weaknesses or Deficiencies Within Specific Programs

Food

- Sanitarian training and program coordination for safe food handling lacking for day-care centers, public accommodations (B&Bs, motels), community homes, youth camps, and work camps.
- Food and Beverage Vending
 - Some counties go overboard with rule interpretation.
 - No clear FCSS assignment of responsibility.
- Water quality requirements for water/ice in trains, buses, and railway stations, not applied or enforced.



Examples of Some Specific Weaknesses or Deficiencies Within Specific Programs

Swimming Pools

- Just one staff person (Billings), conducts 50% of all inspections and 100% of plan reviews.
- Child day care wading pool disinfection problematic.
- Communicable disease management not addressed.

Public Accommodations (B&Bs)

- Potable water supply required with satisfactory results of coliform & nitrate testing & on-site sanitary survey.
- No sanitarian training; no data review if non-public.

Examples of Some Specific Weaknesses or Deficiencies Within Specific Programs

Trailer Courts, Campgrounds, Work Camps, Youth Camps

- Youth Camp rule requires incidents of child illness or injury to be reported to DPHHS.
- Question the need for trailer courts to be regulated (unless non-public water)
- Is protection of vulnerable populations (low income, fixed income families, or college students) important? Who should? Consider disparity/environmental injustice issues.

Tattooing and Body Piercing

- Local BOHs may implement own licensure and regulation program independent of and in lieu of the state program. Different, no training in blood borne pathogens, inconsistent from state program.

Examples of Some Specific Weaknesses or Deficiencies Within Specific Programs



Inspection Programs for Schools, Child Day Care, Community Homes, and Adult Detention



- County level work. No FCSS fees and licenses, no inspection data reviewed by FCSS, no sanitarian training, no performance monitoring.
- Day Care Center nutritional/feeding requirements outside sanitarian expertise.
- Food served to vulnerable populations in potentially compromising environments; yet food handling requirements not thoroughly coordinated.
- School and Child Day Care regulations lack addressing key children's environmental health issues: exposure to lead paint, radon, mold, pesticides, and communicable disease prevention measures like proper hand washing, and playground safety.
- FCSS is involved with regulating Community Homes for Persons with Developmental Disabilities but not with community homes for other populations (physically disabled, youth or domestic violence shelters, foster care, etc.). Why?

Examples of Some Specific Weaknesses or Deficiencies Within Specific Programs

Consumer Product Safety

- Deals mostly with injuries, illnesses and deaths due to exposure to hazardous substances. FCSS staff members may not have expertise.
- MT rules never adopted by DPHHS. May be better placed under DEQ.
- Consumer Product Safety point person is within FCSS for complaints.

Pesticide Registration – review/approval of certain applications

- No toxicological expertise within FCSS; mistakes could be impacting

Mosquito Control – work with local boards required

- No vector control specialist on staff. Work not conducted.



Recommendations

#1. Utilize legal services to further study and conduct legal and programmatic review of all FCSS statutes and rules. Write them as a comprehensive EH/PH program package that includes:

- Current best practices.
- Consistency, clarity & assured understanding by state/local staff and the public.
- QA/performance review of the regulated businesses and inspection programs.
- Fair and consistent enforcement.
- A fair/sufficient license fee schedule and reimbursement structure in the rules.
- Give swimming pools, food safety, and child day care regulations the #1, #2, and #3 priority positions.
- Consider adding regulations that address children's EH issues and other emerging issues.

Recommendations

#2. Address potential staff capacity issue:

- Increase staff resources, including hiring a section supervisor.
- Provide team building opportunities.
- Improve staff communication and coordination among sister programs/agencies.
- Provide cross training.

#3. Address data base and data tracking problem:

- Get buy in of the Garrison data system (or other).
- Determine how to collect other program information.
- Survey county programs.
- Retain a data expert to retrieve data from the existing system.
- Increase understanding of the importance of program data.
- Create summary data reports and use the data.



Recommendations

#4. Make training sanitarians a priority.

- Develop a comprehensive training plan & follow it.
- If additional staff resources are available allow staff to spend more time in the field providing 1:1 TA.
- Include training requirements in cooperative agreements.

#5. Develop, negotiate and use cooperative agreements.

#6. Involve upper level DPHHS and DEQ management in resolving the non-public water supply issues.

- FCSS staff members agree that this is a key public health issue that is being overlooked and needs to be addressed.



Recommendations

7. Determine if there are FCSS programs or certain aspects within FCSS programs that may not fit the FCSS mission; eliminate or reassign.

- Temporary Lodging Program
- Child Day Care Nutrition and Feeding Requirements
- Community Homes for Persons With Developmental Disabilities requirements for bedding, clothing, towels, personal atmosphere, shopping access, ADA compliance.

8. Review FCSS programs that appear to be selective, incomplete or inconsistent in their public health protection coverage and decide to eliminate or to expand FCSS programs.

- Trailer courts vs. other housing complexes
- Community homes (some currently inspected, some not)
- Adult detention vs. youth detention

Recommendations

- #9. Initiate a Children's EH Program to address exposure to lead paint, radon, mold, pesticides, and others hazards; key communicable disease prevention measures like proper and frequent hand washing; and playground safety.**
- #10. Discuss with DEQ administrators if it is more appropriate to move the CPSA to DEQ. Otherwise provide staff training and have a back-up person.**
- #11. Obtain a toxicological expert for making pesticide registration decisions to prevent DPHHS from liability exposure.**
- #12. Obtain staff or contractor to work with mosquito control districts. Determine if staff resources are needed for other vector-borne diseases: rabies, Hanta Virus and others. Or transfer duties to another program.**